

# Nursery Registration/ Acceptance Form Nursery

ALL AGES, ALL LEVELS, ALL INSPIRED



## Application for

- Forty Week Nursery (12 Weeks, Holiday Dates given by Nursery)  
 Fifty Week Nursery (2 Weeks, Holidays given by Nursery)

Dates of Intended Start in Nursery   /   /

It would be helpful if you could complete the section below, detailing which sessions you would like your child to attend. Sessions cannot be guaranteed until confirmation from the Nursery Manager.

Number of sessions each week

We have a minimum of three sessions per week

	Monday	Tuesday	Wednesday	Thursday	Friday
<b>AM</b>					
<b>Lunch</b>					
<b>PM</b>					
<b>After School Club</b>					

How will you be settling your Nursery Account?

Bank Transfer       Cheque       Cash       Credit Card

Child Care Vouchers (please give details of the scheme)

## Parents Declaration

We understand that we must give a full one months notice or pay one full months fee in lieu of notice if we wish to withdraw the above named student from Rossall School Nursery.

We agree to accept the School's Standard Terms and Conditions. The non-refundable registration fee of £50 payable to Rossall School is enclosed.

Fathers Signature:

Mothers Signature:

Name in Full:

Name in Full:

Date:

Date:

To pay registration fee by Credit Card / Debit Card please complete the following:

Name on Card:

Signature:

Card Number:

Valid From:

Expiry Date:

Issue Number (Switch or Maestro only):

Security No.:

THIS FORM TOGETHER WITH THE REGISTRATION FEE AND CHILD'S BIRTH CERTIFICATE SHOULD BE RETURNED TO:

The Registrar, Rossall School, Fleetwood, Lancashire, FY7 8JW.  
 Tel: 01253 774260. Fax: 01253 779415. Email: enquiries@rossall.org.uk  
 Registered Charity Number 526685

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Child's Family Name (as stated on birth certificate or passport): boy  girl

First or given name(s) (Please underline the name generally used)

Date of Birth: Place of Birth: Nationality:

Name and Address of present Nursery (if applicable):

Child's Father: Child's Mother:

Father's Title and Full Name: Mother's Title and Full Name:

Address: Address:

Tel Home: Tel Home:

Business: Business:

Fax Home: Fax Home:

Fax Business: Fax Business:

Mobile: Mobile:

Email: Email:

Occupation: Occupation:

Natural Father: Yes  No  Natural Mother: Yes  No   
If no, please indicate: Adoptive Father  If no, please indicate: Adoptive Mother   
Stepfather  Stepmother   
Other  Other

Does the child live with:  mother  father  both

Please detail the names of any brothers or sisters attending Rossall or registered for entry, or any other connection with Rossall.

Why do you wish to come to Rossall?

Have you registered, or do you intend to register, the student at any other Nursery? Yes  No   
If yes, please give details.

How did you hear about Rossall Nursery?  
Present Nursery  Existing Parents  Word of Mouth  Website Advertisement  Old Rossallian   
Direct Mail  Yellow Pages  Local Press Advertisement  Radio Advertisement